

THE BOSTON  
MEDICAL AND SURGICAL JOURNAL.

VOL. III.]

TUESDAY, MARCH 2, 1830.

[No. 3.]

I.

PECULIAR AFFECTION OF THE PERICRANIUM ;

*Accompanied with remarkable Symptoms, and generally relieved by Division of the Membrane.*

DR. ABERCROMBIE, in the second edition of his valuable work on the Diseases of the Brain and Spinal Cord, has an interesting chapter on a peculiar affection of the pericranium, occasionally met with in practice. Sir Everard Home was, we believe, the first who gave an accurate description of the disease, and Dr. Abercrombie has furnished such a neat abrégé of his opinions, that we cannot do better than copy the latter.

"In the cases related by Sir Everard Home,\* the symptoms in general were headach, with various uneasy feelings in the head, and a painful tenderness of the scalp at a particular spot, with some degree of swelling or thickening of the integuments at the place. In one, the sight and hearing were considerably impaired ; and in several of the cases there were fits resembling epilepsy. They were treated by dividing the integuments and pericranium freely down to the bone, and then dressing the wounds with lint, so as to allow them to heal slowly with suppura-

tion. In making the incision, the pericranium was found morbidly sensible, and considerably thickened ; and in some of the cases indurated, approaching to the structure of cartilage. This treatment was in some of them followed by immediate and permanent relief ; in others, the patient continued liable to fits or head symptoms upon any excess. In some of them, the incisions healed without any affection of the bone being discovered ; in others, a portion of the bone appeared white and porous, or honey-combed, and a limpid fluid appeared to percolate through it, which returned immediately as often as it was wiped off. In one of these cases, the porous piece of bone exfoliated after the wound had been dressed with dry lint for six weeks ; the wound then healed, and the cure was permanent. In another, after waiting eight weeks for the exfoliation, he touched it repeatedly with diluted nitric acid, after which it exfoliated, and the cure was permanent. In one fatal case, he found the pericranium thickened into a mass of a fibrous texture, and, corresponding to this part internally, there was a similar thickening and induration of the dura mater. Most of these cases had been treated by long courses of mercury without benefit, in some of them with aggravation of the symptoms."

Mr. Crampton has described a

\* Transactions of a Society for the Improvement of Medical and Surgical Knowledge, vol. iii.

disease somewhat similar in many respects, under the head of periostitis. It may be remarked, however, that Mr. C.'s cases do really resemble common inflammation of the periosteal tissue more than Sir Everard Home's, although there is a family resemblance between them.

"Among Mr. Crampton's cases, affecting various parts of the body, there are two remarkable examples of it in the head; the one acute, the other chronic. In the former, a boy of fourteen, the complaint began with a small angry tumor on the right side of the nose, from which, after some days, a swelling extended along the right eyelids and forehead, with considerable erysipelatous inflammation and fever. On the ninth day, he became suddenly comatose, then convulsed, and died on the twelfth. On dissection, the pericranium covering the frontal bone was found red, thickened, and detached from the bone, much purulent matter lying between them. Internally the dura mater was detached to an extent corresponding to the external disease, and a greenish puriform fluid was effused between it and the bone. The inner surface of the dura mater was also covered with pus; the pia mater was red, very vascular, and covered with pus to the extent of two inches, on the part corresponding to the principal disease of the pericranium.—The other case is that of a woman aged 32, who was affected with a tumor the size of a walnut over the left parietal bone. It was soft and elastic, and in its origin was ascribed to a blow six months before: there was an opening in the tumor, by which a probe could be passed down to the bone. She had intense pain in the left side of the head; the right arm

was wasted and paralytic, and the fingers were contracted; both lower extremities were feeble; her speech was indistinct; she had vomiting, and frequent epileptic fits. The tumor was divided freely down to the bone, and in doing so the pericranium was found thickened, firm, fibrous, and morbidly sensible. It formed the principal part of the tumor. The bone under the tumor was found rough and superficially carious. A portion of it was removed by the trephine, and the dura mater under it appeared very vascular, and rather thickened. For six days after the operation she had fever, extensive erysipelas of the head, delirium and convulsions. Suppuration was then established, and all these symptoms were relieved. In the course of the cure, a slough was detached from the dura mater. A fortnight after the operation, she recovered the use of her arm, and was free from complaint."

Tissot, Ponteau, and others, describe cases which bear some resemblance to those of Sir E. Home and Mr. Crampton, but the likeness may be fanciful, the comparison unsafe, and we therefore pass on to an instance related by Dr. Abercrombie himself.

*Case.*—"A servant girl, aged about twenty, fell backwards with a child in her arms, and received the full force of the fall upon the most prominent part of the occipital bone. She soon recovered from the immediate effects of the injury, but continued to have pain in the part; and, after several months, was seized with paraplegia and retention of urine. She was now confined to bed for three or four months, after which she

recovered the use of her limbs in a tolerable degree, but the retention of urine continued, and she came to Edinburgh in the beginning of 1828, which was more than a year after the accident. The paraplegia was now nearly removed, but she had still retention of urine, requiring the constant use of the catheter. On the seat of injury on the occipital bone, a round portion the size of a crown piece was acutely tender, and very moderate pressure upon it produced complete insensibility, which continued a minute or two, and returned as often as the pressure was repeated. It had the appearance of syncope, but the pulse was not affected. In this state I saw her along with Mr. Lizars, and it was agreed to make a free crucial incision through the part, and to keep the wound open by dressings, so as to promote suppuration. In doing so, the pericranium was found tender and somewhat thickened, but the bone was sound. On the following day she passed her urine freely, and she continued free from complaint as long as the wound continued to discharge. It healed at the end of a fortnight, and the retention of urine returned immediately. The incision was now repeated with the same result as before, her urine being passed almost immediately. Various means were then employed to promote a more complete suppuration from the wound, but it healed after two or three weeks, and the retention of urine returned as before, with considerable tenderness in the affected spot. A third incision was then made, with the same effect as before, and various applications were made with the view of promoting

exfoliation of bone, as in Sir Everard Home's cases, but without success; and the wound again healed after three or four weeks. The fits of insensibility on pressure now returned, which had not returned after the former incisions, and along with them the retention of urine.

"Since that time, repeated incisions have been made, with similar results. The principal change in her situation now is, that she has got free of the fits of insensibility, upon the spot being pressed; and the effect of the incisions has continued longer, as on several occasions she has remained free from the retention of urine for several weeks after the incisions were healed, and at one time enjoyed perfect health for three months."

We must confess that we are not without our misgivings on the real nature of the foregoing case. The age of the patient, the progress of the symptoms, the retention of urine, and the syncope without affection of the pulse, are features that look but too like those of hysteria, not to stagger our belief in the existence of organic disease. We have seen, and every practical person has seen also, worse symptoms than these dependent on the Protean disease in question, and we verily believe that retention of urine and pain in the head, aggravated by the slightest touch, are amongst the more common of its forms. Of course, we do not venture to pronounce that Dr. Abercrombie's case was one of hysteria, but we think that reasoning on the published data, always inferior to personal examination, its aspect is suspicious.

We remember having witnessed a case of the kind described by Sir Everard Home some years ago, at St. George's Hospital. It was that of a widow, about 30 years of age, who presented some tumefaction over the left temporal ridge of the parietal bone, very tender upon pressure, accompanied with dimness of vision, much pain shooting to the opposite side of the head, disposition to slight vertigo, and numbness of the hands. There was an odd expression about the eyes and aspect which had rather a maniacal cast; her general health was pretty good. She dated her complaints to a severe blow upon the part received seven years previously, which stunned her at the time, and since the infliction of which she had suffered more or less from the symptoms we have enumerated. Mr. Brodie, under whose care the patient was, cut down upon the tumefaction and divided the pericranium. There was no perceptible thickening of the latter, but the bone appeared to Mr. B. to be somewhat enlarged. Several attacks of erysipelas of the face and head succeeded the operation, and it was long before she was able to quit the house. The pain in the head was certainly relieved, but we did not perceive much difference in other respects, and a few days ago, when we casually saw the individual, she was still suffering from swimming in the head, disposition to irregular flushings of the face, and other symptoms of unpleasant character.

In a clinical lecture delivered on the occasion, Mr. Brodie mentioned one or two interesting cases which he had treated with success. A man became affected

with pain in the forehead, and a tumor appeared. A fit of epilepsy succeeded, other epileptic attacks occurred at intervals, and three months after the commencement of the disease he entered St. George's Hospital. There was now a considerable tumor in the forehead; Mr. Brodie cut down upon it, and, finding that it looked like the affection of the pericranium resulting from scrofulous inflammation, he removed it entirely from the bone, which was rough. The pain in the head was relieved, a layer of bone exfoliated, and the patient got well. In another instance, a woman received a blow upon the head, and ever afterwards suffered from pain in the part, which was slightly tumefied. She entered St. George's Hospital complaining of pain in the head, dimness of vision, numbness of one hand, &c.; Mr. Brodie divided the pericranium, which was a little thickened, down to the bone; and this patient also recovered perfectly.—*Med. Chir. Rev.*

## II.

### LEGAL MEDICINE.

A CASE has recently occurred in Paris in which a body was disinterred *seven years after burial*, and the fact of the individual having been *poisoned by arsenic* determined by chemical examination.

M. Orfila was asked, last June, if a body, removed from the grave after such a lapse of time, could possibly afford proofs of poison having been administered; and if so, in what manner such an investigation was to be conducted? To this question he replied, that it was very probable the body was already almost entirely reduced to

ashes, but that, nevertheless, if a sort of blackish coom was found at the sides of the spinal column, chiefly in the dorsal and lumbar regions, such mass might be analysed in the manner pointed out in his work on Toxicology. MM. Ozanam and Ide, physicians at Lyons, where the supposed murder had occurred, were requested by the legal authorities to proceed to the disinterment of the body of a man whom they suspected had been poisoned by his daughter in 1822, in the department of Ain. They accordingly did so, and found that nitrate of potass and hydro-sulphuric acid were acted upon by the suspected matters as by arsenic. The grave had been dug in a dry gravelly soil, in which there was a little sulphate of lime; and to this circumstance must doubtless be attributed the remarkable state of preservation in which the body was found. The coffin was entire, formed of thick planks of fir, which internally were quite dry. Although more than seven years had elapsed since the interment, the body was recognised by the priest, by the grave-digger, and even by some of the national guard who had assisted at the ceremony, and fired over the grave. All remembered the spot, and the individual was identified by the hair which yet remained, and by the teeth, all of which were still in their sockets, except one particular tooth, which he had lost before death; and lastly, the joiner recognised the coffin, which had been constructed with unusual care, being intended for a person of distinction. The head, trunk and limbs were entire, so that the stature could be measured. The chest had sunk in, the heart and lungs were blended together, and

presented the appearance of a dark ointment. The whole was without smell. The entire trunk was removed, the head and extremities being regarded as unnecessary to the investigation. The portion thus reserved for examination weighed nine pounds; of this, two pounds were set aside for a second series of experiments, in case those made on the first should prove unsatisfactory.

In these investigations, MM. Ozanam and Ide went on the supposition of arsenic being the poison,—this being the one employed in the great majority of cases. The matters above mentioned were boiled, the fluid evaporated to dryness, and the residuum thus obtained dissolved in distilled water. This produced a deep-colored liquid, which was but imperfectly deprived of its hue by chlorine. The distilled water charged with this extract, was again evaporated to dryness. At the same time, four ounces of nitrate of potass, placed in a matrass, were exposed on ignited charcoal. The suspected matter, well dried and rolled into little portions, was introduced. Each time this was done, a deflagration was perceived. It was then allowed to cool, and the residue again dissolved in distilled water. This solution was saturated with nitric acid, and afterwards subjected to the usual reagents, all of which indicated the presence of arsenic. Some small portions were treated with vegetable charcoal, introduced into a glass tube, and then heated. They gave out aqueous vapor; soon after which, small grey-colored and brilliant points were seen. A grain of metallic arsenic was thus obtained. Another portion, treated with hydro-sulphuric acid, fur-

nished sulphuret of arsenic ; and this, heated and acted on by caustic potass, afforded a portion of shining matter, which was easily dissolved in distilled water, by directing upon it a current of oxygen gas. By these various experiments, the fact of a considerable quantity of arsenic having been administered was thus demonstrated at the end of seven years, affording a striking illustration of the importance of toxicology in forwarding the ends of justice.—*Lon. M. Gaz.*

### III.

#### CASE OF STONE EXTRACTED FROM THE FEMALE BLADDER.

By JAMES WILSON.

MRS. H., aged 68, had been subject to calculous complaints for twenty years, and had passed many small stones ; for several months she had voided none, and her sufferings were become greatly aggravated. On introducing a sound, a large stone was easily felt. I was induced, in this case, to try lithotrity ; 1st, on account of the very favorable reports given of that operation ; and, 2dly, because the stone in this case appearing to be very large, it was probable that, by breaking it down, the fragments might be easily removed by dilatation of the urethra. I was aware that, in two cases in which dilatation of the urethra had been tried here, the stones, from their very large size, required a great deal of force for their removal ; this, doubtless, was the cause of incontinence of urine, which continued in both cases for a considerable time.

On the 8th of August, after filling the bladder with warm

water, Civiale's instrument, *à trois branches*, made by Wiess, was easily introduced, and placed in contact with the stone. It was found, however, that the bladder could not be kept distended, the injected fluid escaping by the sides, and also through the centre of the instrument, which I have no doubt added both to the difficulty and danger of the operation. Some of the lithotrity instruments are so constructed, that without their removal, the bladder may be distended by injection. The want of such an apparatus in the instrument which I employed, was found to be a serious defect. Many unsuccessful attempts were made to grasp the stone, and there was good reason to think that when the bladder became empty on the escape of the fluid, and contracted round the stone, its coats became entangled in the claws of the instrument. Much irritation was occasioned, and a considerable discharge of blood took place. At length, by raising the patient, who till now lay in a horizontal position, to a semi-sitting posture, the stone was partially seized, and drilled to the extent of a quarter of an inch. It then became necessary to change the position of the stone, in order to present a new surface for trituration, but it could not again be laid hold of, and the instrument was withdrawn, after continuing the attempts for at least three quarters of an hour. The patient was a good deal exhausted. Sixty drops of tinct. opii were given, and strict antiphlogistic treatment enjoined. No feverishness followed, and the pain, though severe, was certainly less than might have been expected from

the irritation produced by the operation. Some days afterwards, the paroxysms of pain occasioned by the stone became very frequent, and so severe, that on the 18th, ten days after the attempt at lithotrity, it was deemed necessary to do something for the removal of the calculus. From the total failure of the former operation, it would have been wrong to have subjected the patient to a repetition of the same risk, without the probability of removing the stone, which there was no reason to calculate upon in a second trial. The plan, therefore, of dilating the urethra was adopted, and performed with Weiss's dilator, with the most perfect success. The dilatation, to the extent of an inch and a half, was completed, without much pain, in ten minutes; a pair of strong forceps were introduced, and the stone soon laid hold of. It appeared to be very large, and I found a good deal of resistance was to be offered to the extraction. The forceps was then very firmly grasped, in order that the hold might not be lost, when fortunately the stone gave way, and was reduced to many fragments, which were easily removed by the forceps, scoop, and repeated injections. A dose of tinct. opii was again given. No bad symptom followed, and far less pain was experienced, both during and after the operation, than the former. On the second day, the patient was able to retain her urine, and to void it with ease in the ordinary quantity, which she has continued to do ever since.

It would perhaps be unfair to draw any conclusion unfavorable to lithotrity from a single, proba-

bly imperfect, and unsuccessful trial, at least on comparing it with lithotomy, which is always a hazardous operation; but in this instance it is perfectly legitimate to compare it with the operation of removing the stone by dilating the female urethra. A better opportunity could not have been found for forming a comparative estimate of the respective value of these different operations, and of showing the decided superiority of the latter over the former. Both operations were first attempts by the same operator, and therefore may be supposed equally unskilful, and both were performed on the same individual, with a very short interval of time between them. If there was any difference, that difference was in favor of lithotrity; for, at the commencement of dilatation, the bladder was in a much more irritable state than at the commencement of the former operation.

Since the above, I have seen the operation of dilating the urethra performed by Dr. M'Farlane, on a girl three years and four months old. The dilatation, to the extent of an inch, was effected by the same dilator in ten minutes, and a stone the size of a pigeon's egg extracted without difficulty. This girl was able to run about next day. Some incontinence of urine continued for a week or two, which has now gone off, and she is quite well.—*Glasgow Med. Journ.*

#### IV.

##### CRITICISM.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—In the last number of the North American Medical



and Surgical Journal, are to be found some sharp critical remarks upon a work entitled "a Manual for the Use of the Stethoscope," which I was the means of introducing to the profession in this part of the country. I am content the writer should treat my additions to that work with little respect, for they did not claim to be "magnificent" nor magniloquent. The last London edition of the work contains three, if not four, introductory prefaces. In my edition, I dispensed with them entirely, and wrote a new historical and explanatory introduction, dated Nov. 1, 1828, which the advertisement stated was "intended to embrace the amount of all that was important in the prefaces alluded to, as well as that contained in various abstracts and reviews which have appeared, of treatises upon the different modes of investigating thoracic diseases, and in some other works which are not generally before the profession in this country." By which I meant to say, all that is important concerning the history and mode of applying the instrument called a Stethoscope; not all that was important on the subject of thoracic diseases. But I admit the language is ambiguous and faulty, and does not deserve to be rescued from the fangs of criticism: I give it up. My next complaint is better founded.

The reviewer states, "What principally attracts our attention in this abstract.....is the tone of local feeling and exclusively local knowledge which it betrays." This latter charge the reviewer rests solely upon my remark, that "in this country the stethoscope still (Nov. 1, 1828) remains a novelty." "Be it known to our

Salem friend," he says, "that the stethoscope was introduced into Philadelphia within somewhere about a year of its first publication; and that it has been used here since that time without interruption." Be it known to my Philadelphia reprobator, that I received the 1819 edition of Laennec and the first form of his stethoscope as soon as it could reach me from an assiduous friend then residing at Marseilles, and that others were received in this town and Boston about the same time. I have ever since been as constant to my stethoscope as a Dutchman to his pipe, or an Englishman to his umbrella, and others in this region are far more familiar with its diagnostic uses. But with people of this region generally, it is even yet "a novelty;" and unless I was very much misled in my inquiries at the time the "introduction" was written, there were but few physicians at the South and West who used it familiarly; and moreover I have misgivings that at this very moment it is not to be found in the pockets or the libraries of a majority of the physicians of the city of Medical Science, the Edinburgh of our country. I protest against the injustice of being taxed with the "locality" of my knowledge in this instance, which is the only one brought to prove the charge. But "local knowledge" may be excusable ignorance;—not so "local feeling" and "exclusiveness;" for this is illiberal, and unworthy the medical character. My reviewer says, "The editor seems to forget that there exist other States in this renowned Union than those east of the Hudson; he writes only for a 'New England climate' and 'the New



England practitioner.' Against this exclusiveness, which would erect a sort of provincial tribunal in literature, we enter our protest." Now this is hard measure, nay, it is *churlish*. I made no remark on which this odious charge could be justly grounded. I urged upon "New England practitioners" to learn the use of the stethoscope, because our moist and variable "New England climate" (God save the mark!) was prolific of consumption.

The North American Medical and Surgical Journal, although published under the auspices of an association which is said to be a secret one, is a clever periodical, and holds a good rank among the six or seven medical quarterly publications of this country. Of this the editors seem sufficiently aware. In their preface to the last number, which is the first of their fifth year, they assert that "they may, without unjustifiable vanity, add the encouraging belief, that their labors have not been unproductive of good to the profession. The impetus given to the progress and diffusion of periodical medical literature, has been, if not mainly their work, at least in no small degree owing to their efforts." "Rather magnificent, we should think," for a four year old! and not altogether respectful to the labors of contemporaneous reviews, most of which were commenced before the North American, to say nothing of the volumes upon volumes of the defunct New England Journal, and Chapman's Philadelphia Journal, and the Medical Recorder, and the hexades upon hexades of the Medical Repository, and the other me-

dical journals in Baltimore, Philadelphia and New York, in by-gone days,—all of which have had some little share in giving the impetus to "the progress and diffusion of medical literature." We certainly owe a great deal to the medical press of Philadelphia, and I am always ready to acknowledge my share of the obligation. This press is beyond comparison the most prolific in this country, and the craft of book-making flourishes in its vicinity. I think there were but *four* "systems of the practice of physic" published there during the past year.

The closing remarks in the review are liberal and good-humored. I accept the proffered "right hand of good will;" and "in testimony of this good will," I design to send the editors some little matters I have put forth in the past year, to cause the journal to be taken by some of us in this place, and perchance I may even be moved to aspire after the renowned of figuring as a contributor to its pages. And especially do I enjoin upon Messrs. Carter & Hendee to furnish the rectangular city with a sufficient quantity of the "Manual" for their consumption, and whenever a new edition is called for, to leave out that abominable plate (which ought to have been better, as it was reduced from one of Soëmmering's), and correct some blunders in the authorship of the notes. And I most heartily and cordially agree that nothing can be more useful or desirable to readers, reviewers, publishers and authors, than a better understanding, and "more cordial co-operation" between all the parties.

M. M. S. S.

Salem, Feb. 22, 1830.

# SKETCHES OF PERIODICAL LITERATURE.

## MAL-PRACTICE IN MIDWIFERY.

At an extraordinary session of the Royal Academy of Medicine in Paris, on the 29th of September, a Report was received from the Committee on the questions addressed to that body by the court of Domfront in the case of M. Helie. The circumstance which led to the prosecution of this individual, occurred no less than five years since, and some mention of it will be found in the 17th number of our last volume. The questions submitted to the Academy were four in number, but the main point of inquiry was, whether M. Helie, in mutilating the infant, acted conformably to the rules of his art? The reply reported by the committee was very simple and cautious. It recognised the difficulty of estimating with accuracy the precise situation in which an accoucheur may have found himself placed in a given case. It expressed, however, the conviction of the committee, that, at the time of the operation, the life of the mother was in great danger; and it defended the operation itself, as one the propriety of which, under certain circumstances, was clearly recognised by the best authorities, both ancient and modern. In conclusion, the report deprecates the interference of civil tribunals to punish mistakes committed by the practitioner in the conscientious discharge of his duty; denies that he ought to be answerable for such errors in a court of justice; and maintains that the existence of such a responsibility

would cramp the energies of the physician himself, and induce him to withhold his efforts at the very moment when decision and boldness were imperiously required. Some discussion ensued upon the last portion of the report, and a motion was offered to strike out all which followed the answers to the interrogatories. It was lost, however, by a large majority, and the report was accepted.

## CROUP.

THE membrane formed in this disease is generally considered as a specific secretion. We see that M. Billard, of Angers, who is known advantageously for his treatise on the mucous membrane, takes a somewhat different, and, as we think, a more correct view of the subject. According to him, the elements of the diseased membrane exist in the ordinary secretions of the part. In accordance with this view, the action of calomel in these cases is supposed to consist in increasing and rendering less viscid the product of [this secretion, so that it may be the more readily expelled. By those cases of death from croup in which we have witnessed the dissection, a similar idea has been suggested to us, with regard to the nature of the secretion, to that here stated by Billard. It may indeed, in some cases, happen that an organized membrane is produced with a secreting surface peculiar to itself; but more generally, we apprehend, the original mucous mem-

brane supplies the secretion, which, more condensed and adherent in the first instance than that of the healthy membrane, soon becomes more so in consequence of the loss of its moisture. Under these circumstances, the effect of copious and fluid secretion from the surface beneath, must be to loosen this morbid lining of the part, and thus facilitate its subsequent expulsion.

#### ENDERMIC MEDICATION.

In a case reported by Dr. Bache, of Philadelphia, this mode of treatment is mentioned as having been employed with some advantage. As opium given internally was found to disagree with the patient, two grains of morphia were applied to a small blister in the chest. Its effect in alleviating cough was unequivocal, though the sleep obtained in this manner does not appear to have been sound or quiet.

#### SARSAPARILLA.

OF six or eight species of *smilax* which we are told are found growing in the woods of Guiana, there is but one which is known to possess any medical virtues, although the sarsaparilla of commerce is obtained indiscriminately from all. The best sarsaparilla, according to Dr. Hancock, whose residence in that country has afforded him peculiar opportunities of information, is brought from the interior, and belongs to a species which has not yet been described. Its medicinal powers seem to depend on an acrid nauseous matter, which is in some measure cover-

ed by the mucilaginous properties of the root. By long boiling, its activity is entirely destroyed. The peculiar odor which it gives out at the commencement of ebullition, soon ceases to be evolved; and its characteristic taste also disappears. Sarsaparilla prepared in this way has been administered to patients, and proved wholly inert, while another portion from the same parcel, exhibited in infusion, has produced decided effects in the same cases. When properly prepared, the root is bruised in a mortar, and then infused in water, which is to be kept for some hours near the boiling point.

#### MEDICAL REPORTS.

It is a great object, in reporting medical cases, to omit all unimportant circumstances, and to retain only those facts which serve to illustrate the particular point of pathology or therapeutics intended to be brought into view. The selection of a few out of a mass of facts, and their neat and appropriate arrangement, require more skill and judgment than is generally supposed, and considerably more than are usually exerted. The practice of rendering reports tedious by crowding them with details which are foreign to the main subject, is very pleasantly attacked by a writer in one of the French periodicals.—“Nothing is more annoying,” says he, “than these insignificant narrations, made up without taste or judgment, and with the most tiresome monotony. ‘A young man aged twenty years,—a widow, still youthful and without children,—an old man, formerly addicted to indul-

gence.' They tell you precisely the ages of all the unfortunates of a hospital; inform you whether a patient's hair is brown or chesnut; whether his or her cheeks are pale, livid or rosy; give you even the height and breadth of the shoulders; and, after

all these particulars are determined, what is the conclusion? Why, that the stomach is red in gastritis, that gum-water is demulcent, or that one of M. Colombat's scalpels, can be carried successfully through a scirrhous os uteri."

BOSTON, TUESDAY, MARCH 2, 1830.

#### SINGULAR COINCIDENCE.

WHEN this nation mourned the loss of two of its most deserving and distinguished patriots, who departed together from the scene of their toils and their glory,—who closed their eyes on their country on the morning of its Jubilee, the wonderful coincidence attracted the notice and remark of every people in the civilized world. Remarkable coincidences of various character come to us in every newspaper, and few which have occurred since have been suffered to pass without record and comment. Allow us, reader, for the first time, to assume our share in this department, and to present you one of the most remarkable coincidences yet before the public.—We refer to an "Address delivered by PROFESSOR WILLOUGHBY to the graduating class, at the late Commencement of the Fairfield Medical Col-

lege." This Address is published entire in the paper printed at Little Falls, Herkimer Co., N. Y., Feb. 11, 1830, and is accompanied by some editorial comments, commending the merits of this happy effort of the learned Professor.—By referring to the 689th page of the first volume of our Journal, an Address may be found which was delivered by Dr. Sewall to a class graduating at the Medical College in Washington, March, 1827. The coincidence exists between these two productions.

Professor Willoughby has not only fallen into the same train of thought as Dr. Sewall, but in the arrangement of the heads of his discourse, in his mode of treating them, in the length and construction of his sentences, in his quotations, and his very words, there exists, not only a similarity, but an *identity* which is truly wonderful. We shall offer a few extracts from both these productions.

#### SEWALL, 1827.

GENTLEMEN,—In consequence of the absence of our venerable President, it has become my duty to address you upon the present occasion, on the subject of your moral deportment in future life; a duty which I cannot assume but with diffidence, as well from the delicacy of its nature, as from the responsibility which it involves, &c.

1. Maintain, gentlemen, a sacred regard to Truth.

#### WILLOUGHBY, 1830.

GENTLEMEN:

In consequence of the absence of our venerable President, I am of necessity the presiding officer of this institution; and as such, I feel it my duty to address you on the present occasion—calling to your minds some of those relative duties, the observance of which are indispensable to your prosperity as physicians, &c.

1. Maintain, gentlemen, a sacred regard to Truth.

SEWALL, 1827.

Truth is the great moral bond of society ; it is the very basis of moral character, the element of which all other virtues are only modifications.

"Early in life," says Dr. Franklin, "I became convinced that truth, in transactions between man and man, was of the utmost importance to the happiness of life, and I resolved from that moment, and wrote the resolution in my journal, to practise it as long as I lived. I knew its value, and made a solemn engagement with myself never to depart from it."

\* \* \* \* \*

Falsehood is the offspring of a debased and grovelling mind, and is resorted to only to cover ignorance, or to conceal the workings of a dishonest heart ; and in no character does it appear more odious than in that of the physician.

"Of all lying," says Dr. Johnson, "I have the greatest abhorrence of telling a lie to a sick man for fear of alarming him."

Although there are many cases in which it is highly proper for the physician to encourage the hopes of his patient and dissipate his fears, there is no case in which it is justifiable to do it at the expense of truth.

To conceal from a dying man his situation, not only involves a sacrifice of truth, but is a violation of the highest principles of honor and justice.

Remember the favorite maxim of that venerable moralist and philosopher, William Penn. "A man of veracity," says he, "is a true man, a bold man, a steady man. He is to be trusted and relied upon. No bribes can corrupt him, no fears daunt him." Be assured that where this principle is wanting, you will look in vain for any other virtue.

## 2. Be attentive to the sufferings of the poor.

This is a virtue for which our profession has generally been highly distinguished.

There have been but few physicians in any age or country, so merciless as to withhold their professional services from the poor, or so avaricious as to exact from them the pittance necessary to procure the comforts of life. The great and good of our profession, in all times, have regarded their attendance on the poor as a duty and a privilege, and no one ever faithfully administered to the necessities of this portion of the community, without receiving an ample reward.

Most of our great men have laid the foundation of their eminence in the experience they have derived from an attendance on the poor, and to this class they have been principally indebted for their introduction to more lucrative business. Sydenham, Boerhaave, Fothergill and

WILLOUGHBY, 1830.

Truth is the great moral bond of society ; it is the very basis of moral character, of the element of which all other virtues are only modifications.

"Early in life (says Dr. Franklin,) I became convinced that *truth*, in transactions between man and man, was of the utmost importance to the happiness of life ; and I resolved from that moment, and wrote the resolution in my journal, to practise it as long as I lived. I knew its value, and made a solemn engagement with myself never to depart from it."

Falsehood is the offspring of a debased and grovelling mind, and is resorted to as the mantle of ignorance, or to conceal the workings of a dishonest heart ; and in no character does it appear more odious than in that of the physician.

"Of all lying, (says Dr. Johnson,) I have the greatest abhorrence of telling a lie to a sick man, for fear of alarming him."

Although there are many cases in which it is highly proper for the physician to encourage the hopes of his patient, and dissipate his fears, there is no case in which it is justifiable to do it at the expense of truth.

To notify the dying man of his dissolution, is as much our duty, as to encourage the desponding, when we believe them under the control of our remedies.

Bear in mind always, the favorite maxim of that venerable moralist and philosopher, William Penn. "A man of veracity (says he,) is a true man, a bold man, a steady man. He is to be trusted and relied upon. No bribe can corrupt him, no fears daunt him." Be assured that where this principle is wanting, you may in general look in vain for any other virtue.

## II. Be attentive to the sufferings of the Poor.

This is a virtue for which our profession has generally been highly distinguished.

There have been but few physicians, in any age or country, so inhuman as to withhold their professional services from the poor, or so avaricious as to exact from them the pittance necessary to procure the comforts of life.

The great and the good of our profession, in all times, have regarded their attendance on the poor as a duty and a privilege ; and no one ever faithfully administered to the necessities of this portion of the community, without receiving a conscious and ample reward.

Most of our exalted physicians have laid the foundation of their eminence in the experience they have derived from an attendance on the poor, and to this class they have been principally indebted for their introduction to more lucrative business.

Sydenham, Boerhaave, Fothergill, Cul-

SEWALL, 1827.

Rush, furnish eminent examples of this truth.

Wherever your lot may be cast, gentlemen, let the poor be the subjects of your peculiar care, and while you derive a high satisfaction in relieving their sufferings, their diseases will open to you a field of observation and experience, of the highest importance to you in setting out in life.

Remember, too, that you are stewards appointed to dispense the bounties of a munificent Providence, and that what you bestow on the deserving, while it is a voluntary gift of your hands, is a debt that you owe, and are bound in duty to pay.

"Cast your bread upon the waters, and you shall find it after many days." Yes, you shall find it before many days. Be just to the poor, and their gratitude and friendship shall protect and comfort you, when the applauses of the great, and the rewards of the wealthy, shall cease to follow you.

"When the ear heard me then it blessed me, and when the eye saw me it gave witness to me.

"Because I delivered the poor that cried, and the fatherless and him that had none to help him.

"The blessing of him that was ready to perish came upon me, and I caused the widow's heart to sing for joy."

Besides gratuitous attendance on the poor, there are *others*, on whom it will be equally your duty to attend without charge, such as the clergy of all denominations, and their families, physicians, and the widows and orphans of physicians, and especially indigent strangers who are taken sick from home.

3. In your professional intercourse, assiduously cultivate a *pure and elevated* style of conversation, *urbanity and gentleness* of manner, and *kindness* of heart.

These are virtues which adorn the medical practitioner, and it is deeply regretted that too often they compose no part of his character [and so on].

5. Be guarded against Infidel sentiments.

When we consider the peculiar character of our profession, as displayed in the wonderful structure and organization of Man [and so on].

6. Observe strict temperance in the use of ardent spirit.

There is no subject, gentlemen, on which I would entreat you with more earnestness than upon this. It is a rock on which many of the profession have foundered, a whirlpool into which many of them have been drawn.

The habits and the occupation of the physician [and so on].

7. Intimately connected with intemperance is the practice of gambling, a vice [and so on].

WILLOUGHBY, 1830.

len, and our immortal Rush, furnish eminent examples of this truth. Wherever your lot may be cast, gentlemen, let the poor be the subjects of your peculiar care; and while you derive a high satisfaction in relieving their sufferings, their diseases will open to you a field of observation and experience, of the highest importance to you in setting out in life.

Remember, too, that you are stewards appointed to dispense the bounties of a munificent Providence, and that what you bestow on the deserving, while it is a voluntary gift at your hands, is a debt you owe, and are bound in duty to pay.

"Cast your bread upon the waters, and you shall find it after many days." Yea, be just to the poor, and their gratitude and friendship shall protect and comfort you, when the applause of the great and the rewards of the wealthy shall cease to follow you.

"When the ear heard me, then it blessed me; and when the eye saw me, it gave witness to me.

"Because I delivered the poor that cried, and the fatherless, and him that had none to help him.

"The blessing of him that was ready to perish came upon me, and I caused the widow's heart to sing for joy."

Besides gratuitous attendance on the poor, there are *others* on whom it will be equally your duty to attend without charge; such as the clergy, of all denominations, and their families—physicians, and the widows and orphans of physicians—and, especially, indigent strangers who are taken sick from home.

III. In your professional intercourse, assiduously cultivate a pure and elevated style of conversation, urbanity and gentleness of manner, and kindness of heart.

These are virtues which adorn the medical practitioner; and it is deeply regretted that too often they compose no part of his character [and so on].

Embrace, and revere the purity of PRIMITIVE CHRISTIANITY: let it secure you against Infidel sentiments.

When we consider the peculiar character of our profession, as displayed in the wonderful structure and organization of Man [and so on].

IV. Observe strict temperance in the use of ardent spirits.

There is no subject, gentlemen, on which I would entreat you with more earnestness than this: it is a rock, on which many of the profession have foundered—a whirlpool, into which numbers have been drawn.

The habits and the occupation of the physician [and so on].

Intimately connected with intemperance, is the practice of gambling; a vice [and so on].

The fact is, that about nine-tenths of this whole Address, for which Professor Willoughby receives the applause of the Editor, is verbatim the same as that of Dr. Sewall before referred to. A parallel case, we presume, is not to be found in the annals of literature. We could scarcely credit our own eyes when we read the Address of Professor Willoughby in the "original miscellany" of the Little Falls Gazette. Hoping there was some mistake which might be explained by the Professor, we waited a week for the next number of that Gazette, before presenting this parallel to the public;—the paper came,—the mystery remains unsolved, and we feel it a duty we owe Dr. Sewall, whose Address was originally published in this Journal, to withhold, no longer the flattering evidence afforded by the foregoing facts of the high and merited esteem in which his paper must be held by the Fairfield Professor.

#### WAX AS AN APPLICATION TO ULCERS.

IN some of the English hospitals, a covering of wax has been found excellent to promote healthy granulation in chronic, and even recent ulcers, on the extremities. Some cases are reported in which its efficacy was distinctly marked. It operates probably in no other way than effectually guarding the part from the

contact of the air, whilst it conforms to the figure of the diseased surface.

*Acetate of Lead in Ulcerated Phthisis.*—Some distinguished medical practitioners in Germany have found the sugar of lead an efficacious remedy in cases of chronic pneumonia when arrived at a state of ulceration. This salt was given in combination with opium, and the dose gradually increased, so that, in some instances, fourteen grains were taken in twenty-four hours. Two drachms were given to one patient in the course of thirty-two days.

*Hooping Cough.*—Numerous have been the remedies proposed for this disease, but few have been recommended with so much confidence as that recently adopted by Dr. Meyer, of Minden. He states that he never fails to cure hooping cough speedily, by the application of morphine (half a grain mixed with a little finely powdered starch), sprinkled on a small blistered surface (the cuticle being removed) over the region of the stomach, every night. In some cases, its curative influence has been so speedy that it seems to act like a charm. When the habit of the patient is plethoric, abstraction of blood by leeches applied over the region of the stomach, or to the temples, is much recommended.

*Prize Essay on Iodine.*—The Prize of \$ 50, offered by the N. Y. Medical Society for the best essay on the history and medical uses of Iodine, has been awarded to Samuel J. Hobson, M.D., of Philadelphia,

#### WEEKLY REPORT OF DEATHS IN BOSTON, ENDING FEBRUARY 19.

Date.	Sex.	Age	Disease.	Date.	Sex.	Age.	Disease.
Feb. 12.	F.	1 w	infantile		M.	32 yrs	liver complaint
13	F.	35 yrs	childbed	16.	F.	10 mo	hooping cough
	F.	53	consumption		F.	28 yrs	inflammation on the lungs
	F.	11	scrofula		M.	83	old age
	M.	53	lung fever		M.	18	accidental
14.	M.	6	unknown	17.	M.	2	dropsy on the brain
	M.	6 w	convulsions	18.	M.	3	lung fever
	M.	47 yrs	liver complaint		M.	75	cancer
	M.	38	unknown	19.	M.	70	unknown
15.	M.	14	hip complaint		F.	15 mo	do.
	M.	2	burn				

Males 14,—Females, 7. Total, 21.



## ADVERTISEMENTS.

## NEW MEDICAL BOOKS.

**J**UST published, and for sale, by **CARTER & HENDEE**,—Malaria; an Essay on the Production and Propagation of this Poison. By **JOHN McCULLOCH**, M.D. F.R.S., &c. &c.

An Essay on the Diseases of the Internal Ear. By **I. A. SAISSY**, M.D. Translated from the French, by **NATHAN R. SMITH**, M.D., Professor of Surgery in the University of Maryland; with a Supplement on Diseases of the External Ear, by the Translator.

Observations on the Utility and Administration of Purgative Medicines, in several Diseases. By **JAMES HAMILTON**, M.D., Fellow of the Royal College of Physicians, &c. &c. From the Fifth Edinburgh Edition.

## MEMORIA MEDICA.

**T**HIS day published by **CARTER & HENDEE**, corner of Washington and School Streets, *Memoria Medica*,—a Medical Common-place Book,—with an alphabetical Index of the most common terms occurring in practice. Carefully selected and arranged by a Fellow of the Massachusetts Medical Society.

From Dr. James Jackson, Professor of the Theory and Practice of Medicine in Harvard University.

Gentlemen,—I have examined the "*Memoria Medica*" which you sent to me. I think the plan of it very excellent, and that it will be found highly useful to practitioners and students of medicine. I have never believed that a voluminous common-place book can be very beneficial to any man, unless he means to become an author. But on the other hand, every one will find an advantage in keeping a common-place book in which he may notice the detached facts which come under his notice, and which are likely soon to be lost from his memory. The book you have prepared will be found well adapted for this purpose by medical men, and will be more likely to be used by those who procure it than a common blank book, because all the labor of arrangement is saved.

I am, gentlemen, your obedient servant,  
**JAMES JACKSON.**

From Dr. Walter Channing, Professor of Obstetrics and Medical Jurisprudence in Harvard University.

I have examined the Medical Common-place Book which was left with your note this evening, and with pleasure offer you my thanks for the publication of so useful a volume. Every practitioner of medicine will agree with the remarks in the preface on the inconveniences and absolute loss of what is very useful, which result from depending solely on the memory. Not unfrequently it happens that some particular prescription is peculiarly suited to an individual. Some time passes, and an occasion again arises in which we believe that the same medicine might be equally beneficial; what it was, however, has wholly escaped us; and though something else may be equally useful, still some regret may be felt, at least by the patient, that what has been found beneficial cannot again be at once resorted to. Some object to an artificial method of preserving, for such and other uses, what may be safely trusted to the memory, if that faculty be faithfully cultivated. I am willing to admit that there is force in this objection; but it is a simple question of fact only we have to consider. If it be true that there is much lost to the individual, and certainly much more to the profession, by trusting entirely to the memory, the occasional use of the Common-place Book for the preservation of what is truly valuable, has all the recommendation it needs. For such purposes, viz., for the registering of cases the most rare, and the frequent, if important, epidemics, prescriptions, &c., your *Memoria Medica* promises to be very useful; and for these it well deserves to be recommended to physicians. Students attending hospital practice will find it very valuable. Its tables of names are very full, and under references very easy. I cannot but hope it will get into general use.

Yours, &c., **W. CHANNING.**  
Dec. 8.

## AN ENGRAVING,

**R**EPRESENTING the Perfect and Imperfect Cow Pox and the Chicken Pox, during their course, by **J. D. FISHER**, M.D. This day published and for sale by **CARTER & HENDEE**, cor. of Washington and School sts. Price 62 1-2 cts.  
Jan 26.

Published weekly, by **JOHN COTTON**, at 184, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for other newspapers.